



Citizenship and  
Immigration Canada

Citoyenneté et  
Immigration Canada

# INTERIM FEDERAL HEALTH PROGRAM



## Information Handbook for Health Care Providers



FAS Benefit Administrators Ltd.

Updated August 2005

This information handbook is published by:



FAS Benefit Administrators Ltd.  
IFH Program Priority Processing  
9707-110 Street, Suite 901  
Edmonton, AB, Canada  
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## **IFH Program Facts**

Under a 1957 Order-In-Council, the federal government is authorized to cover limited health services for certain immigrants (now almost exclusively limited to refugee claimants and Convention refugees).

The IFH Program benefits are limited to emergency and essential health care coverage for individuals who lack financial resources.

## **Purpose of the IFH Program**

The IFH Program was introduced for humanitarian reasons and provides temporary medical coverage for eligible individuals during their settlement period in Canada prior to their qualification for provincial health care coverage.

The IFH Program is not designed to replace provincial health plans and does not necessarily provide the same extent of coverage enjoyed by permanent residents.

## **Establishing Eligibility for the IFH Program**

At the first point of contact with Citizenship and Immigration Canada (CIC), or as soon as possible thereafter, refugees will be assessed to determine their need for health care coverage. If eligible, they will be issued a photograph-bearing document for health coverage.

For the most part, the documents will be valid for 12 months although this period may vary.

## **Health Benefits Covered under the IFH Program**

The IFH Program provides the following:

1. only essential and emergency health services for the treatment and prevention of serious medical conditions and the treatment of emergency dental conditions;
2. contraception, prenatal and obstetrical care;
3. essential prescription medications; and
4. costs related to the Immigration Medical Examination by a Designated Medical Practitioner.

A detailed explanation of benefits is provided to the refugee client at the beginning of the process. This detailed information is for the use of health care providers. Please refer to the IFH Program Benefit List beginning on page 7.

Claim payments to health care providers under the IFH Program are currently administered by FAS Benefit Administrators Ltd. (FAS), located in Edmonton, Alberta. All policy and final adjudication is solely the responsibility and at the discretion of Citizenship and Immigration Canada.

## QUICK REFERENCE GUIDE AND CONTACT INFORMATION

FAS Customer Service:	1-800-770-2998 between 7:00 a.m. and 5:00 p.m. MST
Website:	<a href="http://www.fasadmin.com">http://www.fasadmin.com</a>
Send Email Inquiries to:	<a href="mailto:info@fasadmin.com">info@fasadmin.com</a>
Medical Director Fax:	1-800-362-7456 (for medical approvals)
CIC Administration Phone:	1-613-954-8209

### Internet Home Page

We invite you to visit our web site at <http://www.fasadmin.com> where you will find details of the IFH Program. This includes an up-to-date comprehensive schedule of covered benefits, submission procedures, and answers to frequently asked questions (FAQ's). The web site can also be used to confirm eligibility by first selecting Client Info and then clicking on the IFH Eligibility Inquiry. You will then be prompted to enter your provider number and the first three characters of your postal code as your password.

### E-mail

E-mail is an effective means of communication, eliminating the cost of long distance charges as well as the need to wait until a customer service agent becomes available on the phone. We encourage you to e-mail your inquiries to us with the full assurance that we will provide you with a response within 24 hours. An additional benefit to using e-mail is that you can retain a printed copy of our response. Our e-mail address is [info@fasadmin.com](mailto:info@fasadmin.com).

### IFH Program Handbook Information

The IFH Program Handbook is available on the Internet at [www.fasadmin.com](http://www.fasadmin.com) where you can also find all necessary forms in both print and download versions.

### Voice - 24 Hour / 7 Day 1-800 Toll Free

The toll free voice line is 1-800-770-2998. This line incorporates a bilingual self-service menu system and a call centre for those calls that need to be directed to a customer service agent. This line can be used to confirm eligibility by calling the 1-800 number and at the prompt, enter your FAS Provider Number. You will then be prompted to enter the first three characters of your postal code as your password. The Client I.D. number found on the IFH Eligibility Document is required to verify eligibility. The hours of operation for the toll free bilingual call centre are Monday through Friday, 7:00 a.m. to 5:00 p.m. MST.

## **Medical Prior Approvals - Fax - 24 Hour / 7 day 1-800 Toll Free**

The toll free fax line is 1-800-362-7456. This is a fax line only, directly to the Medical Director's office (Citizenship and Immigration Canada) in Ottawa. This fax line is for medical prior approvals only (dental predeterminations are to be mailed to FAS Benefit Administrators Ltd. directly).

## **Claim Forms**

The IFH Program claim forms (see samples at the back of this guide) have been designed to maximize the claim processor's speed of data entry. Though optional, your use of these forms will enhance our ability to process your claims in a timely manner.

## **Payments**

### ***Direct Deposit / Electronic Funds Transfer (EFT)***

We are pleased to offer the ability to directly deposit claims payments into your business account. Claims will be paid within 30 days of receipt of a completed claim form. Payment by EFT speeds up the payment process and eliminates mailing time. An authorization form is in the back of this guide. Please refer to page 20 in this handbook for further details about EFT.

### ***Electronic Reconciliation Statement (ERS)***

When you choose payment by EFT, an Electronic Reconciliation Statement (ERS) will be available via the Internet to allow you to reconcile the amount paid to the claims submitted. The ERS is accessed via a secure Internet connection and is designed to print a copy for your records.



## Submission Guidelines

**Claim forms and a photocopy of eligibility documents may be mailed only by health care providers to:**

IFH Program Priority Processing  
FAS Benefit Administrators Ltd.  
9707 – 110 Street, Suite 901  
Edmonton, AB T5K 2W8

**Please note that if you have received prior approval to provide certain services, enclosing a copy of the approval will assist in avoiding any unnecessary delays. Please ensure that you are familiar with the sections of this guide that pertain to your claim (limited benefits, regular benefits, dental guidelines, etc.).**

**All claims must be submitted within 6 months of the date the service was provided.**

## Eligibility Documents for the IFH Program

### IMM1442

Currently, the document which confirms eligibility for the IFH Program is issued on form IMM1442 (the form number is printed in the bottom left-hand corner). Under “remarks”, an eligibility paragraph is printed which states the eligibility period. The document may be in French or English, and may have differently worded titles. Please refer to the example document on page 6.

The eligibility paragraph **must** be present on the immigration documents. This paragraph confirms eligibility for the coverage period and includes the expiry date. This expiry date indicates the date benefits expire and is the **only** date to be used to confirm eligibility.

NB – The eligibility information found on the IMM 1442 is subject to change and as of December 1, 2004, health care providers must verify eligibility of the client by phone or through the FAS website.

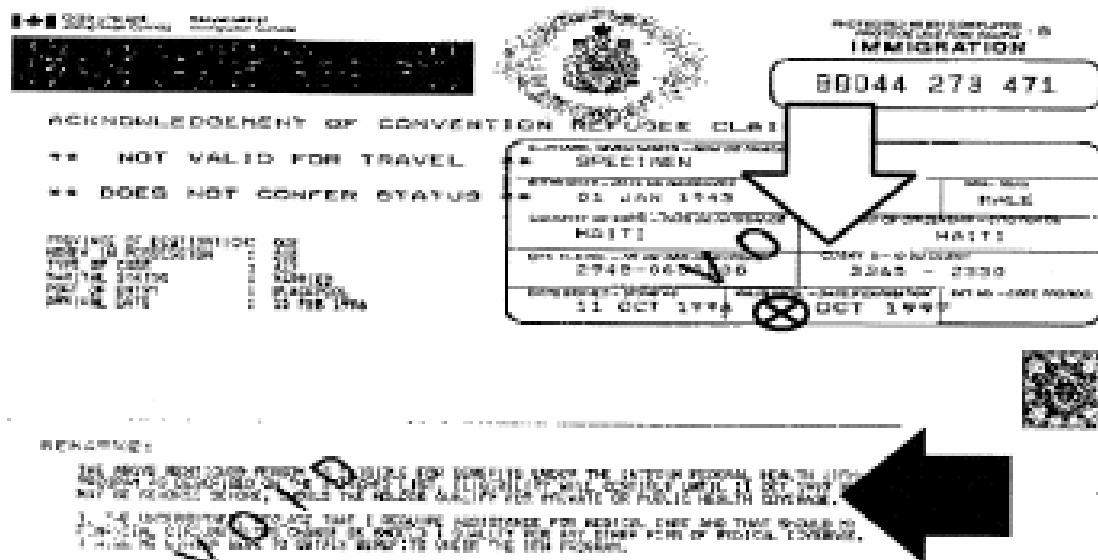
## SAMPLE IMMIGRATION DOCUMENT

This document shows the eligibility paragraph. To determine the coverage period, use the information and dates contained in the Eligibility Paragraph under “Remarks” (see the ←symbol).

Do not use the area marked with the  symbol in the “Valid Until” section to determine coverage.

The CLIENT ID NUMBER is under the ↓ symbol.

**NOTE:** The page title may be “Acknowledgement of Refugee Claim” as below, or may also be titled “Determination of Eligibility” or “Certificate of IFH Eligibility”.



**ACKNOWLEDGEMENT OF CONVENTION REFUGEE CLAIM**

**\*\* NOT VALID FOR TRAVEL**

**\*\* DOES NOT CONFER STATUS**

PROVIDER OF IDENTIFICATION: [REDACTED]  
 TYPE OF CLAIM: [REDACTED]  
 DATE OF CLAIM: [REDACTED]  
 DATE OF ENTRY: [REDACTED]  
 DATE OF ISSUE: [REDACTED]

**ELIGIBILITY PARAGRAPH**

**REMARKS:**

THE ABOVE APPLICANT IS ELIGIBLE FOR IMMEDIATE ENTRY TO THE UNITED STATES OF AMERICA FOR THE PURPOSE OF SEEKING ASYLUM. THE APPLICANT IS ELIGIBLE FOR IMMEDIATE ENTRY TO THE UNITED STATES OF AMERICA FOR THE PURPOSE OF SEEKING ASYLUM. THE APPLICANT IS ELIGIBLE FOR IMMEDIATE ENTRY TO THE UNITED STATES OF AMERICA FOR THE PURPOSE OF SEEKING ASYLUM.

**VALID UNTIL:** 11 OCT 1999

**CLIENT ID NUMBER:** 88044 273 471

**ELIGIBILITY PARAGRAPH:**

**REMARKS:**

THE ABOVE APPLICANT IS ELIGIBLE FOR IMMEDIATE ENTRY TO THE UNITED STATES OF AMERICA FOR THE PURPOSE OF SEEKING ASYLUM. THE APPLICANT IS ELIGIBLE FOR IMMEDIATE ENTRY TO THE UNITED STATES OF AMERICA FOR THE PURPOSE OF SEEKING ASYLUM. THE APPLICANT IS ELIGIBLE FOR IMMEDIATE ENTRY TO THE UNITED STATES OF AMERICA FOR THE PURPOSE OF SEEKING ASYLUM.

## Benefit List and Summary

### IFH Program Benefit List

As a guideline for health care professionals, Citizenship and Immigration Canada (CIC) issues refugees a Benefit List which outlines benefits covered by the IFH Program.

#### **BENEFITS**

#### **IFH Program – Information for Health Care Professionals**

### INTRODUCTION

Coverage under this section is limited to the following:

- Essential health services only for the treatment and prevention of serious medical/dental conditions (see page 11, Dental Care Regulations, for further dental information).
- Contraception, prenatal and obstetrical care.
- Essential medications only, which must be CPS prescription drugs. These prescriptions must be lowest cost alternatives as found on the current IFH Drug list (see site [www.fasadmin.com](http://www.fasadmin.com)), or life supporting drugs such as insulin or nitroglycerin.
  - Fees paid are based, if possible, on the provincial health care plan. Fee codes (where applicable) must be supplied on the provider invoice.
  - Invoices must be submitted within 6 months of the date of service (please refer to page 5 for submission guidelines).
  - Services requiring prior approval are listed on page 14.

**Note to specialists:** IFH will pay Provincial Health Insurance Plan Fee rates for specialists for emergency and/or essential care, where a patient has been referred by a General Practitioner. If no referral is involved, payment will be at General Practitioner rates. Prior approval is required for prolonged care.

## **BENEFIT SUMMARY**

### **I PRIOR APPROVAL NOT NECESSARY**

#### ***General Medical/Dental***

- Immigration Medical Exam (IME) performed by an authorized Designated Medical Practitioner (DMP) reimbursed only for refugees who cannot pay for the service.
- Emergency and essential health services only for medical conditions: doctor visits, emergency/essential treatments for serious illness or injury, standard immunizations.
- Emergency/essential treatment only for dental conditions.
- Prenatal, obstetrical and contraceptive care: all necessary prenatal services such as doctor examinations and blood work; obstetrical care; birth control methods such as prescription pill, and intra-uterine devices.
- All diabetic supplies such as strips, needles, etc.
- Necessary medical supplies (lowest provincial rates).

#### ***Laboratory Testing, X-ray***

- If clinically indicated or specifically requested by CIC (routine tests are not covered).

#### ***Vision***

- Eye exams, once per year if the patient has a presenting eye complaint only.

#### ***Hospitals, Clinics***

- Therapeutic abortion.
- Emergency/essential surgery at the professional discretion of the surgeon/doctor.

#### ***Prescription Drugs***

- Essential medications only (low cost generic and first line only)
- Drug cost must be separate from dispensing fee on the claim form.

#### ***Miscellaneous***

- Essential immunizations as per standard covered by public funds for Canadian residents.
- All in hospital psychiatric care (by a psychiatrist only) and outpatient consultations and follow-up. (All other psychiatric care, such as office-based psychotherapy requires PRIOR APPROVAL.)
- Ambulance services and transportation for emergencies.
- Anaesthesia, following the Provincial Fee Guide.

## **II THE FOLLOWING SERVICES ARE ONLY COVERED WITH PRIOR APPROVAL**

- Elective surgery (e.g. rhinoplasty).
- Diagnostic services (surgical, laboratory, or x-ray) when no significant medical short-term complications are foreseen.
- Non-emergency dental services (see Dental Care regulations on page 11).
- High cost procedures such as transplants or lithotripsy.
- Plastic surgery for esthetic purposes only (some exceptions may be allowed, e.g. with severe disfigurement).
- Ambulance services/transportation (unless emergency).
- Alcohol treatment centres.
- Allergy testing/desensitization.
- Eye wear (visual acuities required for all patients).
- General Practitioner provided general assessments, counselling and psychotherapy.
- Hearing aids.
- Infertility work-up.
- Orthotics
- Wheelchairs and other rental equipment.
- Podiatry.
- Speech Pathology.
- Sports medicine and physiotherapy.
- Over-the-counter medications (even if prescribed by a physician), other than nitroglycerin/diabetic supplies.

⇒

Please refer to Prior Approval Procedures on page 14 for more details.

### **III THE FOLLOWING SERVICES ARE NOT COVERED**

- X** Acupuncture treatments.
- X** Routine examinations and treatment
- X** Any medical/dental service or medication provided solely due to a patient's request (e.g. cholesterol test).
- X** Chiropractic treatments.
- X** Fertility treatments.
- X** Homeopathy/Naturopathy.
- X** Massage Therapy.
- X** Motor vehicle accidents when automobile insurance is applicable.

## DENTAL CARE REGULATIONS

### ONLY EMERGENCY/ESSENTIAL DENTAL SERVICES COVERED –

Emergency services are defined as procedures to alleviate pain and active infection, hemorrhage and the result of oral trauma.

Essential services are procedures for serious dental problems that remain once the emergency services have been provided. These services which are defined below must be submitted to FAS for pre-determination.

Although emergency benefits are not subject to a dollar maximum, allocation to emergency treatment will be carefully scrutinized and enforced. Dentists should evaluate treatment on a priority basis.

The IFH Program is intended to cover only the following:

- Initial services are limited to emergency relief of pain or infection only. Where the treating dentist considers further treatment necessary and essential, submission to FAS for predetermination must be made before treatment is begun.
- Emergency exams (no more than once every 6 months per dental office). Complete oral exams and recall exams are not covered.
- Panoramic radiograph **or** 8 peri-apical x-rays (but not both) will be allowed during the entire eligibility period. X-rays must be clear and discernible and properly labeled or they will be returned. Bite-wing x-rays are not a covered expense. NB: digital X-rays are acceptable
- All restorations must be predetermined by submitting clear and discernable x-rays. Restorations are covered for severely affected teeth only. Prior approved permanent fillings are restricted to the following: **non-bonded amalgam fillings** on molars and bicuspid, bonded composite resin fillings on anterior teeth. Fillings will be paid on a continuous surface basis only. Restoration of incipient lesions or those not visible on an x-ray are considered routine care and will not be covered.
- Scaling and root planing are not covered.
- Emergency extractions are covered but ALL claims using “difficult” extraction codes must be submitted with x-rays for justification.
- Drug prescriptions (only those needed to treat the emergency condition(s))
- Denture placement will be considered where there exists significant eating problems or where frontal tooth deficits cause an untoward appearance – predetermination is mandatory. Partial dentures to replace only posterior teeth will not be covered. Relines will be considered only after 6 months of placement of dentures. All prosthetic requests should be accompanied by the completed Dental Predetermination Form and submitted with either 8 peri-apical x-rays or Panorex.
- Anaesthetic under age 13 - 4 units allowed; age 13 and older - 8 units allowed. All anaesthetic must be submitted for predetermination.
- Each dental claim submitted requires x-rays.

Effective December 1, 2004, dental claims can be submitted electronically. FAS' unique identifier or "BIN" is 610614. The policy number is 999. Both CDAnet Version 2 and Version 4 are supported.

NB: Please use the Client I.D. # found on the IFH document, not a social insurance number, when submitting claims.

If you do not know your provider number, please call 1-800-770-2998 to speak with one of FAS' Call Centre Agents.

Please note, payment will be made to providers only.



## **EXCLUSIONS TO DENTAL CARE**

The following dental services and fees are not covered under this program:

- ROOT CANAL TREATMENTS, ORTHODONTICS AND PERMANENT PROSTHETICS
- INTRAVENOUS SEDATION AND NITROUS OXIDE
- PROPHYLAXIS AND FLUORIDE
- FACILITY FEES
- SPECIALIST FEES (unless specially approved for oral surgeons and pedodontists)
- PULPOTOMIES AND STAINLESS STEEL CROWNS

## **FEES**

Payment will be made at 100% of applicable current general practitioner provincial/territorial dental fee guide. Where the guide may allow a fee range, only the lowest fee of the applicable range will be reimbursed.

Predetermination requests should be mailed with x-rays and all fee codes to FAS Benefit Administrators Ltd.

## **Prior Approval Procedures**

### **General Information:**

- The appropriate IFH Claim Forms located at the end of this guide are designed to assist you in requesting approval prior to the provision of certain services.
- Always confirm eligibility before submitting your request.
- “Prior Approval - Urgent” should be indicated on either the envelope when mailing or on your fax transmittal sheet when faxing. Please note that medical prior approvals are sent to CIC (see toll-free fax number below), not FAS. Dental predeterminations are sent to FAS directly.

### **Medical and Allied Health Care Provider Requests (except dentists)**

Requests must include your written diagnosis and/or ICD codes. Include clinical details which may assist in making a coverage decision.

### **Optical Requests**

Optometrists are reimbursed as per CIC guidelines. Ophthalmologists will be paid according to provincial insurance rates. Please note that the provision of eyewear requires PRIOR APPROVAL.

Information for prior approval must include:

- Prescription;
- Visual acuities expressed as a fraction of 20/x, near and far (if applicable), unaided and/or with existing eye wear (indicate which); and
- Cost of eye wear.

### **Prescription/Pharmaceutical Requests**

Include the name of the drug, DIN, dispensing fee and ingredient cost.

**DIRECT MEDICAL PRIOR APPROVAL REQUESTS TO:**

Medical Director, IFH/CIC  
219 Laurier Street, 3<sup>rd</sup> Floor  
Ottawa, ON K1A 1L1  
Toll Free Fax: 1-800-362-7456

**Dental Requests**

Send your request by mail only and include x-rays. A dental predetermination form is included in the back of this guide. Dental predeterminations must be sent to:

**IFH PROGRAM - DENTAL PREDETERMINATIONS**

FAS Benefit Administrators Ltd.  
9707-110 Street, Suite 901  
Edmonton, AB T5K 2W8

## Tips for Providers

- Physicians must include diagnosis and appropriate provincial procedure codes.
- Labs must indicate provincial fee codes and units (if applicable) on their invoices.
- For Medical Imaging, submit the fee codes as well as technical and professional fees, itemized separately.
- Babies born to refugee claimants in Quebec and Ontario are automatically covered by provincial health insurance. In other provinces, CIC will allow 3 months for the parents to obtain an IFH eligibility for the infant. During this period, provide proof of birth and parents' eligibility documents with the claim. Please clearly indicate if the claim is for the baby.
- Resubmissions: when a claim is declined, it is usually because information is missing or incorrect. Please resubmit claims promptly with the required information, clearly indicating that the claim is a resubmission (check the box in the top right-hand corner) and indicate the FAS Claim # in the space provided. The claim number is located on the cheque stub, or if you are paid via EFT, on your Reconciliation Statement from the FAS website.
- Specialists will only be paid for services at specialist rates if referred by a General Practitioner. Specialist fees are not covered for any dental services other than oral surgeons and pedodontists.
- Clearly indicate the full name and address to whom the cheque should be made payable on your claim form. Once you have been issued a FAS Provider Number, please clearly indicate it on subsequent claims. The FAS Provider Number will be issued to you with your first payment (refer to the cheque for this number). Your Provider Number is required for electronic eligibility verification.
- The IME may only be performed by a Designated Medical Practitioner (DMP) unless prior authorization is obtained from CIC.
- Please ensure FAS is promptly notified, in writing, should your address change. Please state your provider number, new address, and previous address, together with your phone number. Please clearly indicate if the doctor works from more than one location. There is a change of address form located at the back of this guide for your convenience.

- For claims that received PRIOR APPROVAL, please submit a copy of the prior approval with your claim to prevent any delays.

## **GENERAL INFORMATION FOR THE DESIGNATED MEDICAL PRACTITIONER (DMP)**

Generally, only DMP's are mandated to perform the Immigration Medical Examination (IME) for the refugees eligible under the Interim Federal Health (IFH) Program. In certain cases, CIC may approve a non-DMP to perform the IME. Unless authorized by CIC, FAS will not reimburse a non-DMP for the IME. The IME must be sent to Ottawa as required and stated in the DMP information handbook. However, the invoice for this service must be sent to FAS.

Refugees will not be "furthered" for complementary tests and investigations unless there is a public health concern (e.g. tuberculosis). However, if you receive a request for a furtherance (e.g. cardiovascular problems or developmental delay) which is not related to public health, it is likely an error; the requesting CIC Medical Officer may not be aware that the patient is a refugee. Return the request letter to the Medical Officer at 219 Laurier Street informing him/her that the applicant is a refugee (the complete address is provided on page 15). If you wish, you can contact the IFH by phone at (613) 954-8209 or by toll free fax at 1-800-362-7456.

It should also be clarified that the IME for refugees is not an automatic IFH benefit. The refugee should be asked to pay for the medical exam if capable. In cases where the refugee states that he or she is unable to pay, the IFH Program will cover the expense.

Please also ensure the refugee claimant status of the individual is written on the first page of the IMM1017 and ensure that the IMM1017 is duly completed.

## Frequently Asked Questions

### Who determines eligibility?

Eligibility is determined by an officer of Citizenship and Immigration Canada after an interview with the refugee/refugee claimant. If the refugee/refugee claimant has any questions regarding procedures or services covered by the program, they must contact a local Immigration Canada office. Telephone numbers for local Immigration Canada offices can be found in your local telephone book. Only CIC Immigration Officers can grant eligibility for the IFH Program. FAS or IFH should not be contacted for this purpose.

### What is covered?

The IFH Program only provides emergency and essential health care coverage to refugee claimants and certain categories of refugees who lack financial resources, pending their access to provincial health care coverage. Prior approval is required for health care which is beyond the scope of coverage as described in the Benefit List section of this guide beginning on page 7.

### Can I get prior approval over the phone?

No, telephone approvals will not be given. Written prior approval is required for all non-emergency and non-essential services.

### What fee schedule are we paying?

Reimbursement is in accordance with the current Provincial Health Insurance rates (where applicable) or standardized IFH rates listed on page 22 of this guide.

### Where and to whom should I send my claim?

IFH Program Priority Processing  
FAS Benefit Administrators Ltd.  
9707-110 Street, Suite 901  
Edmonton, AB T5K 2W8

### When will I be paid?

Upon confirming the invoice, allowable service, procedure codes and the refugee's complete documentation, payment will be made within 30 days. Cheques and EFT payments are issued bi-monthly. Please allow up to 6 weeks from date of mailing to FAS to receive your payment. We encourage providers to take advantage of EFT to eliminate time delays due to mailing.

**Refugee doesn't have the proper forms or their eligibility period has expired. What should I do?**

As the administrator, FAS is only permitted to reimburse providers for clients with complete and up to date documentation. Please ask the client to contact the appropriate CIC office to obtain the proper or current documentation.

**Can refugees be asked to pay for any service?**

Designated Medical Practitioners are permitted, under IFH Program rules, to ask the refugee if they are able to pay for their Immigration Medical Exams. If they are not able to pay, please submit the complete documents to FAS Benefits Administrators Ltd. for payment. All other services outlined in the IFH Benefit Summary are covered and paid for by the Interim Federal Health Program. NOTE: If a refugee has paid for a service FAS will not be able to reimburse the refugee; FAS is only authorized to pay health care providers.

## Payment Information

### Cheques vs Electronic Funds Transfer / Electronic Reconciliation Statement (EFT/ERS)

There are two payment methods offered by FAS. Both methods provide payment and a corresponding Reconciliation Statement to explain payment.

1. Cheque payment is available to all providers. If you choose to receive payment by cheque, payments are generated bi-monthly and mailed to you. The reconciliation details are listed on the cheque stub.
2. EFT/ERS is available to those providers whose financial institution is capable of accepting electronic funds transfer, and to those providers who have Internet access. **Payment by EFT is made twice monthly directly into your specified bank account.** The Reconciliation Statement is updated on the Internet within 5 business days of the payment. Please note that if you choose EFT, you must receive your reconciliation notification via ERS.

The claims submission process does not change with the method of payment. Providers submit invoices by mail (claim forms are at the back of this guide) with the appropriate eligibility documents.

To apply for EFT/ERS payment, please fill out the Electronic Funds Transfer Authorization form located at the back of this guide.

### Duplicate Payments

There may be instances where you discover you have received a duplicate payment for the same service, for the same patient/refugee. It would be appreciated if you would return the cheque, marked "duplicate payment," by mail to FAS. Along with the duplicate cheque, please include as much information regarding the duplicate payment as possible. This information should include the date of service, the patient name and client ID number, the FAS claim number from the first payment you received, and the name of the person or institution who made the first payment if other than FAS.

### Statement of Account

Please **do not** send a monthly statement of account.



## **Audits**

The IFH Program reserves the right to perform random and/or annual audits of any provider billing under this program.

**\*\*\*NOTE: Fee Increase Effective January 1, 2005\*\*\***

## **IFH Hospital Facility Fee Codes for All Provinces**

In order to process a claim for Hospital Facility fees, please use the following codes on your claim form. Maximum fees payable, set by IFH Administration and **effective January 1, 2005**, are also included for your information.

<b>Description</b>	<b>Code</b>	<b>Fee</b>
Emergency room visit (1 per day)	99500	\$85.00
Outpatient visit (if patient is seen by a doctor; 1 per day)	99501	\$24.25
Inpatient per diem (acute care - maximum 45 days)	99650	\$606.50
Inpatient per diem (non acute care or long term)	99651	\$182.00
Newborn inpatient per diem	99650	\$204.50
Day Care Surgery (1 per day)	31	\$182.00
Dialysis (facility fee only; 1 per day)	85	\$182.00
Chemotherapy (facility fee only, 1 per day)	85	\$54.60
Physiotherapy in hospital	62	\$24.25
Lithotripsy	31	\$606.50
CT Scan	87	\$182.00
MRI	87	\$182.00
Rehabilitation	62	\$54.60

## **Others fees set by IFH Administration**

IME	\$89.15
Ambulance	\$151.60 plus \$2.13 per kilometre
Homecare Visits	\$22.00 per visit
Nursing Visits	\$48.50 per visit

Vision care services provided by optometrists (all prices include glasses case):

Frames and lenses	\$112.20
Regular bifocals	\$154.60
With astigmatism - bifocals	\$166.75
With astigmatism - frames and lenses	\$118.25
Eye exams performed by an Optometrist	\$ 49.50

## Exclusion Codes

If you do not receive a payment for a service, these explanations correspond to the code listed on your reconciliation statement or explanation of benefits.

- 10 Only Designated Medical Practitioners (DMP's) can perform Immigration Medical Exams (IME's).
- 11 Please provide diagnosis.
- 12 These diagnostic costs are not a covered expense.
- 13 Routine medical visits are not covered.
- 14 Prenatal courses are not a covered expense.
- 15 Please submit a duly completed IMM1017 form with an OPM Stamp or an IMM1017 form with a valid IFH IMM1442 document.
- 16 Claims incurred as a result of a motor vehicle accident are not covered under the IFH program.
- 17 Please provide the referring Physician's name and resubmit.
- 18 Please indicate whether general anaesthesia or local anaesthesia was provided by stating general or local. If general anaesthesia was performed, please state the name of the anaesthesiologist.
- 20 Please provide tooth codes for this service.
- 21 As per the dental consultant's review, non emergency/routine treatment is not covered under the IFH program.
- 22 Please submit radiographs for review by the dental consultant.
- 23 1 panorex OR 8 periapical x-rays (but not both) are allowed during the entire eligibility period.
- 24 Based on the X-Rays submitted the dental consultant has declined this service.
- 25 We have allowed benefits for an emergency exam.
- 26 Emergency exams only covered once every 6 months.
- 28 We have allowed benefits for a non-bonded amalgam filling.
- 29 We have allowed benefits for a transitional denture.
- 30 Visit limitation of one filling per tooth per lifetime has been reached.
- 31 Over-the-counter products are not covered.
- 32 This benefit has been adjusted to the least cost alternative price.
- 33 The allowed ingredient cost has been set by the IFH Administration.
- 34 Dispensing fees assessed at Provincial maximum under the program.

- 35 Dispensing fees for over the counter products are not reimbursable under the program.
- 36 Please supply DIN's for this item.
- 37 Please note, this adjustment represents the fee increases as indicated by the province.
- 38 Quantity dispensed, dispensing fee and ingredient cost must be shown separately.
- 39 This medication is not covered without special approval.
- 40 Routine eye exams are not covered.
- 41 All eye wear must be prior approved.
- 42 Only basic corrective glasses are covered.
- 43 This adjustment represents the OHIP fee increases effective April 1, 2004.
- 44 Effective April 1, 2005, the Circulaire laboratory guide has changed their codes from four digits to five digits. Please submit the correct codes.
- 45 Please note, all diagnostic and laboratory services are included in the in-patient per diem.
- 51 Please provide Provincial procedure codes for services provided.
- 52 Procedure code has been altered in conjunction with IFH guidelines.
- 53 Documentation is missing or incorrect.
- 54 Missing Date of Birth.
- 55 Missing Name of Participant.
- 56 Missing Client ID Number.
- 57 Please provide the total number of units.
- 58 Missing Newborn Proof of Birth.
- 59 Date of Service is Missing.
- 60 Immigration form IMM1442 with eligibility information required.
- 62 Invoice is Missing or Incorrect.
- 64 Name or DOB on invoice does not match immigration document.
- 65 Refugee not eligible for benefits when the service was incurred.
- 66 Duplicate service provided on a prior claim.
- 67 This service is not a covered expense.
- 69 IFH is the payer of last resort.
- 70 Payment declined—prior approval was not obtained.
- 71 Amount withheld for previous overpayment.
- 73 Maximum amount payable under the IFH Plan.
- 74 Your pre-determination is approved in the above amounts.

- 76 Sent to our medical/dental consultant for review.
- 77 Refugee is not eligible for benefits at the time of this pre-determination.
- 78 This claim is not covered as it was received after the 6 month allowable submission period.
- 98 EDI claim pended for processor review.

## Forms

- Medical Services Claim Form
- Hospital Services Claim Form
- Optical Services Claim Form
- Pharmaceutical Services Claim Form
- Dental Services Claim Form
- Dental Predetermination Form
- Electronic Funds Transfer Authorization Form
- Change of Address Notification Form

**Claim forms and a photocopy of eligibility documents may be mailed only by health care providers to:**

IFH Program Priority Processing  
FAS Benefit Administrators Ltd.  
9707 – 110 Street, Suite 901  
Edmonton, AB T5K 2W8

**Please note that if you have received prior approval to provide certain services, enclosing a copy of the approval will assist in avoiding unnecessary delays. All claims must be submitted within 6 months of the date the service was provided.**

**Toll free information line for health professionals only: 1-800-770-2998**

## IFH Program - Medical Services Claim Form

☐ **Prior Approval**

Medical Director, IFH/CIC  
219 Laurier Street  
3<sup>rd</sup> Floor  
Ottawa, ON K1A 1L1  
FAX: 1-800-362-7456

☐ **Change of address**

Include written confirmation of change of address, including previous address

**Are you submitting copies of eligibility documents?**

☐ **Yes**

☐ **No**, Eligibility already on file at FAS

**And/Or**

☐ Resubmission of FAS Claim # \_\_\_\_\_

**PRINT CLEARLY IN BLOCK LETTERS**

<b>REFUGEE/PATIENT</b>	<b>REFUGEE ID#:</b>
LAST NAME	FIRST NAME

**DATE OF BIRTH:**      MONTH:      DAY:      YEAR:

---

**IFH ELIGIBILITY:** FROM:      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

TO:      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_      or ? ☐ see accompanying documents

<b>PROVIDER</b> (TO WHOM CHEQUE IS MADE PAYABLE)	FAS PROVIDER #
NAME (LAST)	(FIRST)
ADDRESS	
CITY	PROVINCE
POSTAL CODE	PHONE NUMBER (      )
SPECIALTY (IF APPLICABLE)	NAME OF REFERRING PHYSICIAN (IF YOU ARE A SPECIALIST)

INVOICE NUMBER (FROM YOUR OWN OFFICE)	FEE CODE/ SERVICE PROVIDED	WRITTEN DIAGNOSIS OR ICD CODE	SERVICE DATE (MM/DD/YY) TIME OF REPEAT VISIT.	#ANAES/ BASIC TIME UNITS	AMOUNT CLAIMED
					\$
					\$
					\$
					\$

DATE	SIGNATURE	PLEASE PRINT NAME HERE	TOTAL AMOUNT CLAIMED \$
------	-----------	------------------------	----------------------------

**IMPORTANT: This form must be completed in full or the claim may be declined.**

MAIL TO: IFH PROGRAM PRIORITY PROCESSING,

FAS Benefit Administrators Ltd.

9707 - 110 Street, SUITE 901

Edmonton, AB T5K 2W8

TOLL FREE: 1-800-770-2998

October 2004

## IFH Program - Hospital Services Claim Form

☐ **Prior Approval**

Medical Director, IFH/CIC  
219 Laurier Street  
3<sup>rd</sup> Floor  
Ottawa, ON K1A 1L1  
FAX: 1-800-362-7456

☐ **Change of address**

Include written confirmation of change of address, including previous address

☐ **Hospital Stay**

☐ **Hospital Services**

**Are you submitting copies of eligibility documents?**

☐ **Yes**

☐ **No, Eligibility already on file at FAS**

**And/Or**

☐ Resubmission of FAS Claim

# \_\_\_\_\_

**PRINT CLEARLY IN BLOCK LETTERS**

<b>REFUGEE/PATIENT</b>		<b>REFUGEE ID#:</b>	
LAST NAME		FIRST NAME	
<b>DATE OF BIRTH:</b>		MONTH: DAY: YEAR:	
<b>IFH ELIGIBILITY:</b> FROM: Month ____ Day ____ Year ____ TO: Month ____ Day ____ Year ____ <b>OR</b> <input type="checkbox"/> see accompanying documents			

<b>PROVIDER</b> (TO WHOM CHEQUE IS MADE PAYABLE)		<b>FAS PROVIDER #</b>	
NAME (LAST)		(FIRST)	
ADDRESS			
CITY		PROVINCE	
POSTAL CODE		PHONE NUMBER (       )	

INVOICE NUMBER (FROM YOUR OWN OFFICE)	FEE CODE OR SERVICE PROVIDED	WRITTEN DIAGNOSIS OR ICD CODE	# ANAES/ BASIC TIME UNITS & NAME OF ANES.	DATE ADMITTED (MM/DD/YY)	DATE DISCHARGED (MM/DD/YY)	AMOUNT CLAIMED
						\$
						\$
						\$
						\$

DATE	SIGNATURE	PLEASE PRINT NAME HERE	TOTAL AMOUNT CLAIMED \$
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**IMPORTANT: This form must be completed in full or the claim may be declined.**

MAIL TO: IFH PROGRAM PRIORITY PROCESSING,  
FAS Benefit Administrators Ltd.  
9707 - 110 Street, SUITE 901,  
Edmonton, AB T5K 2W8

TOLL FREE: 1-800-770-2998

October 2004



## IFH Program - Optical Services Claim Form

☐ **Prior Approval**

Medical Director, IFH/CIC  
219 Laurier Street  
3<sup>rd</sup> Floor  
Ottawa, ON K1A 1L1  
FAX: 1-800-362-7456

☐ **Change of address**

Include written confirmation of change of address, including previous address

**Are you submitting copies of eligibility documents?**

☐ **Yes**

☐ **No**, Eligibility already on file at FAS

**And/Or**

☐ Resubmission of FAS Claim

# \_\_\_\_\_

**PRINT CLEARLY IN BLOCK LETTERS**

<b>REFUGEE/PATIENT</b>		<b>REFUGEE ID#:</b>	
LAST NAME		FIRST NAME	
<b>DATE OF BIRTH:</b>		<b>YEAR:</b>	
MONTH: _____ DAY: _____		YEAR: _____	
<b>IFH ELIGIBILITY:</b> FROM: Month _____ Day _____ Year _____ TO: Month _____ Day _____ Year _____ <b>OR</b> <input type="checkbox"/> see accompanying documents			

<b>PROVIDER</b> (TO WHOM CHEQUE IS MADE PAYABLE)		<b>FAS PROVIDER #</b>	
NAME (LAST)		(FIRST)	
ADDRESS			
CITY		PROVINCE	
POSTAL CODE		PHONE NUMBER (       )	

<b>PRESCRIPTION</b>  VISUAL ACUITY  <input type="checkbox"/> With existing eyewear OR <input type="checkbox"/> Has no existing eyewear/unaided	OD:		OS:	
	NEAR		FAR	
	OD	OS	OD	OS
	20	20	20	20

INVOICE NUMBER (FROM YOUR OWN OFFICE)	SERVICE DATE (MM/DD/YY)	SERVICE PROVIDED	REASON FOR VISIT	AMOUNT CLAIMED
				\$
				\$
				\$

DATE	SIGNATURE	PLEASE PRINT NAME HERE	<b>TOTAL AMOUNT CLAIMED</b> \$
------	-----------	------------------------	-----------------------------------

**IMPORTANT: This form must be completed in full or the claim may be declined.**

MAIL TO: IFH PROGRAM PRIORITY PROCESSING,

FAS Benefit Administrators Ltd.

9707 - 110 Street, SUITE 901,

Edmonton, AB T5K 2W8

TOLL FREE: 1-800-770-2998

October 2004

# IFH Program - Pharmaceutical Services Claim Form

☐ **Prior Approval**

Medical Director, IFH/CIC  
219 Laurier Street  
3<sup>rd</sup> Floor  
Ottawa, ON K1A 1L1  
FAX: 1-800-362-7456

☐ **Change of address**

Include written confirmation of change of address, including previous address

**Are you submitting copies of eligibility documents?**

☐ Yes☐ **No**, Eligibility already on file at FAS

**And/Or**

☐ Resubmission of FAS Claim

#

**PRINT CLEARLY IN BLOCK LETTERS**

<b>REFUGEE/PATIENT</b>	<b>REFUGEE ID#:</b>
LAST NAME	FIRST NAME
<b>DATE OF BIRTH:</b> MONTH:                      DAY:                      YEAR:	
<b>IFH ELIGIBILITY:</b> FROM:                      Month _____ Day _____ Year _____	
TO:                      Month _____ Day _____ Year _____ <b>OR ? <input type="checkbox"/> see accompanying documents</b>	

<b>PROVIDER</b> (TO WHOM CHEQUE IS MADE PAYABLE)		<b>FAS PROVIDER #</b>	
NAME (LAST)		(FIRST)	
ADDRESS			
CITY		PROVINCE	
POSTAL CODE		PHONE NUMBER (                      )	

[illegible]

DATE	SIGNATURE	PLEASE PRINT NAME HERE	TOTAL AMOUNT CLAIMED \$
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**IMPORTANT: This form must be completed in full or the claim may be declined.**

MAIL TO: IFH PROGRAM PRIORITY PROCESSING,

FAS Benefit Administrators Ltd.

9707 - 110 Street, SUITE 901,

Edmonton, AB T5K 2W8

TOLL FREE: 1-800-770-2998

October 2004

## IFH Program - Dental Services Claim Form

☐ **Prior Approval**

Medical Director, IFH/CIC  
219 Laurier Street  
3<sup>rd</sup> Floor  
Ottawa, ON K1A 1L1  
FAX: 1-800-362-7456

☐ **Change of address**

Include written confirmation of change of  
address, including previous address

Are you submitting copies of eligibility  
documents?

☐ **Yes**

☐ **No**, Eligibility already on file at FAS

**And/Or**

☐ Resubmission of FAS Claim

# \_\_\_\_\_

**PRINT CLEARLY IN BLOCK LETTERS**

<b>REFUGEE/PATIENT</b>		<b>REFUGEE ID#:</b>	
LAST NAME		FIRST NAME	
<b>DATE OF BIRTH:</b>		MONTH:	DAY: YEAR:
<b>IFH ELIGIBILITY:</b> FROM: Month _____ Day _____ Year _____			
TO: Month _____ Day _____ Year _____ <b>OR</b> <input type="checkbox"/> see accompanying documents			

<b>PROVIDER</b> (TO WHOM CHEQUE IS MADE PAYABLE)		<b>FAS PROVIDER #</b>	
NAME (LAST)		(FIRST)	
ADDRESS			
CITY		PROVINCE	
POSTAL CODE		PHONE NUMBER ( )	

SERVICE DATE (MM/DD/YY)	PROCEDURE CODE	TOOTH NUMBER	TOOTH SURFACE	AMOUNT CLAIMED
				\$
				\$
				\$
				\$
				\$
				\$

DATE	SIGNATURE	PLEASE PRINT NAME HERE	TOTAL AMOUNT CLAIMED \$
------	-----------	------------------------	----------------------------

**IMPORTANT: This form must be completed in full or the claim may be declined.**

MAIL TO: IFH PROGRAM PRIORITY PROCESSING,  
FAS Benefit Administrators Ltd.  
9707 - 110 Street, SUITE 901,  
Edmonton, AB T5K 2W8

TOLL FREE: 1-800-770-2998

October 2004

# IFH Program - Dental Predetermination Form

PRINT CLEARLY IN BLOCK LETTERS

<b>REFUGEE/PATIENT</b>		<b>REFUGEE ID#:</b>	
LAST NAME		FIRST NAME	
<b>DATE OF BIRTH:</b>		MONTH:	DAY: YEAR:
<b>IFH ELIGIBILITY:</b> FROM: Month _____ Day _____ Year _____			
TO: Month _____ Day _____ Year _____ <b>OR</b> <input type="checkbox"/> see accompanying documents			

<b>PROVIDER (To WHOM CHEQUE IS MADE PAYABLE)</b>		<b>FAS PROVIDER #</b>	
NAME (LAST)		(FIRST)	
ADDRESS			
CITY		PROVINCE	
POSTAL CODE		PHONE NUMBER ( )	

In order to consider your predetermination request, we require the following additional information:

1. Is the service indicated the initial placement of the appliance(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which teeth were, or will be, extracted?															
2. Date(s) of the extraction(s) of this tooth or teeth: Month: Day: Year:															
3. Please advise if there are any missing teeth in the _____maxilla _____mandible which have not already been replaced and are therefore "empty spaces".															
4. Please submit a brief note describing the condition of the involved tooth/teeth at the time of submission.															
5. Please advise regarding Missing Teeth:															
<table border="1"><thead><tr><th>Tooth # and Surf.</th><th>Procedure Code</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>		Tooth # and Surf.	Procedure Code												
Tooth # and Surf.	Procedure Code														

DATE	SIGNATURE	PLEASE PRINT NAME HERE
------	-----------	------------------------

**IMPORTANT: Reimbursement may be reduced to a less costly method of treatment, provided that it is consistent with good dental care.**

TOLL FREE: 1-800-770-2998

MAIL TO: IFH PROGRAM PRIORITY PROCESSING,  
FAS Benefit Administrators Ltd.  
9707 - 110 Street, SUITE 901,  
Edmonton, AB T5K 2W8

October 2004

# ELECTRONIC FUNDS TRANSFER AUTHORIZATION

## FAS BENEFIT ADMINISTRATORS LTD.

### INTERIM FEDERAL HEALTH PROGRAM

In order to participate in EFT/ERS you must have Internet access to log on to the FAS website and the ERS.

<b>PROVIDER INFORMATION</b>		FAS Provider#:
Name: (Last) _____ (First) _____		
Address: (Street) _____		
City: _____	Province: _____	Postal Code: _____
Change of Address (include written confirmation of change of address, including previous)		
Telephone Number: (       ) _____		Fax Number: (       ) _____
E-mail address: _____		

<b>BANK INFORMATION</b>		
Name of Bank: _____		
Address: (Street) _____		
City: _____	Province: _____	Postal Code: _____
Telephone Number: (       ) _____	Fax Number: (       ) _____	

**\*\*\*YOU MUST ATTACH A VOID CHEQUE\*\*\***

### AUTHORIZATION

Having signing authority for FAS Provider # \_\_\_\_\_ I authorize and direct FAS Benefit Administrators Ltd., as contracted for the Interim Federal Health Program, to have payment for my processed claims electronically deposited into the bank account described on the attached voided cheque. I understand that I can change this authorization by sending written notice to FAS Benefit Administrators Ltd.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name of Authorized Signature (*Please Print*)

\_\_\_\_\_  
Date

TOLL FREE: 1-800-770-2998

MAIL TO: IFH PROGRAM PRIORITY PROCESSING,  
FAS Benefit Administrators Ltd.  
9707 - 110 Street, SUITE 901  
Edmonton, AB T5K 2W8

October 2004

# Change of Address Notification

## FAS BENEFIT ADMINISTRATORS LTD. INTERIM FEDERAL HEALTH PROGRAM

<b>Provider – NEW Address</b>		FAS Provider#:	
Name: (Last)		(First)	
Address: (Street)			
City:		Province:	Postal Code:
Telephone Number: (      )		Fax Number: (      )	
New Address Effective Date (Mo/Day/Year):			

Please check here ☐ if this doctor works out of more than one location.

<b>Provider - OLD Address</b>	Please provide your previous address to ensure the correct information will be changed on your file at FAS.		
Name: (Last)		(First)	
Address: (Street)			
City:		Province:	Postal Code:
Telephone Number: (      )		Fax Number: (      )	

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name of Authorized Signature (*Please Print*)

\_\_\_\_\_  
Date

TOLL FREE: 1-800-770-2998

MAIL TO: IFH PROGRAM PRIORITY PROCESSING,  
FAS Benefit Administrators Ltd.  
9707 - 110 Street, SUITE 901  
Edmonton, AB T5K 2W8

October 2004

## **Glossary of Terms and Definitions**

CIC	Citizenship and Immigration Canada
CPS	Canadian Pharmaceutical Society
DIN	Drug Identification Number
DMP	Designated Medical Practitioner
EFT	Electronic Funds Transfer
ERS	Electronic Reconciliation Statement
FAQ	Frequently Asked Questions
FAS	FAS Benefit Administrators Ltd.
GP	General Practitioner
ICD	International Code for Diseases
IFH	Interim Federal Health
IME	Immigration Medical Exam
IMM1442	Immigration Eligibility Document
IUD	Intrauterine Device
IVR	Interactive Voice Response
MST	Mountain Standard Time
OTC	Over-the-Counter (medications)
PIN	Personal Identification Number
RAP	Refugee Resettlement Assistance Program